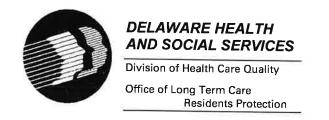


STATE SURVEY REPORT

Page **1** of **5**

DATE SURVEY COMPLETED: July 21, 2022 NAME OF FACILITY: Arden Courts of Wilmington Assisted Living ADMINISTRATOR'S PLAN FOR COMPLETION STATEMENT OF DEFICIENCIES DATE **CORRECTION OF DEFICIENCIES** SPECIFIC DEFICIENCIES **SECTION** An unannounced Annual and Complaint Survey was conducted at this facility from July 18, 2022 through July 21, 2022. The deficiencies contained in this report are based on observations, interview, record review and review of Arden Court's other facility documentation as indicated. The facility census on the first day of the survey was forty- six (46). The survey sample totaled twentyone (21) residents (thirteen residents for clinical review, and seven residents for medication observation. Abbreviations/definitions used in this state report are as follows: Consultant Nurse - a registered nurse (RN) who provides consultation services in order to improve nursing or other healthcare programs and standards. Dementia - brain disorder with memory loss, poor judgement, personality changes and disorientation OR loss of mental functions such as memory and reasoning that interferes with a person's daily functioning; ED - Executive Director; Kardex - Patient caregiver plan of care for individual residents: Service Agreement – allows both parties involved (the resident and the assisted living facility) to understand the types of care and services the assisted living provides. These include: lodging, board, housekeeping, personal care, and supervision services the assisted living provides; UAI - an assessment and collection of information regarding an assisted living applicant/resident's physical condition, mental status and psychosocial needs.

Katherine Harrison, LNHA 10/26/2022



STATE SURVEY REPORT

Page 2 of 5

NAME OF FACILITY: Arden Courts of Wilmington Assisted Living
--

DATE SURVEY COMPLETED: July 21, 2022

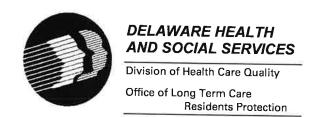
SECTION	STATEMENT OF DEFICIENCIES SPECIFIC DEFICIENCIES	CO	DMINISTRATOR'S PLAN FOR PRECTION OF DEFICIENCIES	COMPLETION DATE
3225	Assisted Living Facilities		3225.11.0 Resident Assessment	11/25/2022
	Resident Assessment			,,
3225.11.0			3225.11.5	
	The UAI, developed by the Department, shall be		A.) R8 continues to reside at the	
3225.11.5	used to update the resident assessment. At a minimum, regular updates must occur 30 days after admission, annually and when there is a		facility. Unable to retroactively	
			correct deficient practice. R10	
			resident discharged on 1/10/22.	
	significant change in the resident's condi	ition	Unable to retroactively correct de-	
	organical distance in the residence of control	organical and the resident's condition.		
	This requirement was not met as suiden		ficient practice.	
	This requirement was not met as eviden	cea by:		
	Dd		B.) All residents have the potential	
	Based on record review, interview and re	view of	to be affected by this deficiency.	
	Arden Courts other facility documentation	ı, it was	All resident assessments for the	
	determined that for two (R8 and R10) out		facility were reviewed by the RN	
	teen residents sampled for resident assess	ments,	to be completed by 11/25/22 with	
	the facility lacked evidence of completing	the re-	ongoing review to promote up to	
	quired UAI assessments. Findings include:		date resident UAI assessments for	
			compliance within, 30 days after	
	1. 10/27/20 – R8 was admitted to the facil	ity with	admissions, annually and when	
	dementia.	icy with		
			there is a significant change in the	
	10/2021 – Review of R8's UAI assessme	nto vo	resident's condition.	
	vealed that R8 was due for an annual UAI	ints re-		
			C.) A root cause analysis revealed	
	ment. The facility lacked evidence that t		that the deficient practice resulted	
	nual assessment, as required, was completed.		from failure to update the resi-	
	7/04/00 44 55 44		dent assessment, at a minimum,	
	7/21/22 11:00 AM – During an interview,	E1 (ED)	30 days after admission, annually	
	and E2 (Consultant Nurse) confirmed R8's	annual	and when there is a significant	
	UAI assessment was not completed for 20	21.	change in the resident's condition	
			for both R8 and R10.	
	2. 1/16/17 - R10 was admitted to the facili	ty with		
	dementia.		To prevent recurrence of the	
	1/3/17 – R10's initial UAI was completed p	prior to	deficiency,RN/RSC will evaluate	#
	admission, however, the facility lacked ev	idence	UAI on admission, annually, and	
	that the required 30 day post admission a		·	
	ment or subsequent annual UAI assess		with significant change of condi-	
	were completed.		tion. Assessment and clinical eval-	
		a /55\	uation will continue with RSC/RN.	
	7/21/22 2:35 PM – During an interview, E			
	and E2 (Consultant Nurse) confirmed the		D. Executive Director/Designee	
	lacked evidence that R10's 30 day post adn		will monitor the UAI assessments	
	UAI assessment and both of the 2021 and	2022	for clinical evaluation review 30	
	UAI assessments were completed.		days after admission, annually and	
			any significant change of condi-	
	Katherine Harrison, LNHA 10/25/2022		tions.	



STATE SURVEY REPORT

Page **3** of **5**

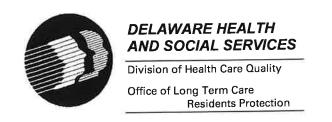
DATE SURVEY COMPLETED: July 21, 2022 NAME OF FACILITY: Arden Courts of Wilmington Assisted Living ADMINISTRATOR'S PLAN FOR COMPLETION STATEMENT OF DEFICIENCIES DATE **CORRECTION OF DEFICIENCIES** SPECIFIC DEFICIENCIES **SECTION** 7/21/22 - Findings were reviewed with E1 and E2 (Consultant Nurse) at the exit conference beginning at 2:40 PM. 11/25/2022 3225.13.0 Service Agreements **Service Agreements** 3225.13.6 The service agreement shall be reviewed when 3225.13.0 A.) R8 continues to reside in the the needs of the resident have changed and, facility. Unable to retroactively minimally in conjunction with each UAI. Within 3225.13.6 correct deficiency. The Service 10 days of such assessment, the resident and the Agreement and UAI has been upassisted living facility shall execute a revised serdated & reviewed for this resident vice agreement, if indicated. and will continue to be updated per regulations. Based on record review and interview, it was determined that for one (R8) out of thirteen resi-B.) All residents have the potential dents sampled, the facility failed to update R8's to be affected by the deficient Service Agreement with measurable intervenpractice. All resident service tions for a resident whose needs changed related agreements will be reviewed, to falls. Findings include: modified, evaluated and up to date as determined by the RN de-A facility policy entitled Falls Prevention (dated signee by 11/25/22 in conjunction 6/2021) included: "In the event that a resident is with the UAI assessment. The faat risk for falls, interventions are incorporated cility will contact and notify the into the resident's Service Plan; and a Negotiated POA/Resident Representative to Risk is initiated... Ongoing follow-up: 2. Review, have them sign a new service plan modify and evaluate the effectiveness of the inand the facility will document if it terventions." is a verbalized conference call agreed acknowledgement of a Review of R8's clinical record revealed: new service plan and UAI. 10/23/20 - R8's initial UAI documented R8 was at risk for falls related to confusion and a history of C.) A root cause analysis revealed falls. that the deficiency resulted from not following Delaware's regula-10/26/20 - R8's initial Service Agreement intions related to Service Plans & cluded: Ambulation & Transferring: Resident's fall risk will be minimized, will be able to move UAI. safely around the community and will be able to D.) The ED or designee will audit transfer safely. Able to transfer independently. service agreements weekly to review for annual and updated ser-10/27/20 - R8 was admitted to the facility with vice plan from the PCC dashboard. dementia and impaired cognition. ED to discuss finding from weekly 11/9/20 through 5/9/22 - R8 sustained multiple audit with RN or designee on falls. The facility failed to assess, evaluate and implement new fall risk interventions on the service



STATE SURVEY REPORT

Page 4 of 5

SECTION	STATEMENT OF DEFICIENCIES SPECIFIC DEFICIENCIES		MINISTRATOR'S PLAN FOR RRECTION OF DEFICIENCIES	COMPLETION DATE
	agreement or the negotiated risk agree	mont to	wooldy bosis watil 100%	T
	attempt to reduce R8's risk for falling.	inent to	weekly basis until 100% compli-	
	estampt to reduce no strisk for failing.		ance is achieved during 3 consecutive months.	
	12/21/21 – R8 was admitted to Hospice S	Sarvicas	tive months.	
	Although the resident was cognitively in	mnaired		
	the Hospice plan of care included: Pat			
	demonstrate/verbalize knowledge of in	nterven-		
	tions to prevent falls and safety hazards.	. Patient		
	will remain safe within the home environ	ment.		
	7/20/22 2:35 PM – During an interview, E	13 (PCG		
	- Patient Caregiver) stated that she wor	rks in all		
	different areas of the facility and refers	s to the		
	Kardex to confirm the resident's specif			
	ventions. E13 confirmed R8's Service Agr	reement		
	and the Kardex documented that the i			
	ambulated independently. E13 stated t	he resi-		
	dent was able ambulate independently	, but it		
	was not safe. E13 stated that "You cannot			
	R8 in her room alone because she will tr	y to get		
	up and get in and out of bed from her who	eelchair		
	on her own." E13 confirmed that R8's Kar	rdex did		
	not include this intervention to reduce he			
	falling. E13 stated that if a caregiver was	not fa-		
	miliar with the resident, they would no what interventions to implement.	t know		
	7/21/22 11:21 AM - During an intervi	F2		
	(Consultant Nurse) confirmed that R8's L	IAL.		
	not updated with interventions to reduce			
	for falls and that a negotiated risk plan v			
	completed as well to reflect fall risk in	tanian		
	tions. E2 stated that it's the UAI that dri			
	plan of care and that it should flow to the			
	for staff to know what interventions to	imple-		
	ment with R8. E2 confirmed that after the	falls a		
	significant change UAI should have been	n com-		
	pleted related to the resident was ambula	ting in-		
	dependently, but was now in a wheelcha	air. and		
	had sustained multiple falls. E2 also adde	ed that		
	the Hospice care plan supersedes the facili	ity plan		
	of care.	piuli		



STATE SURVEY REPORT

Page 5 of 5

NAME OF FACILITY: Arden Courts of Wilmington Assisted Living

DATE SURVEY COMPLETED: July 21, 2022

STATEMENT OF DEFICIENCIES SECTION SPECIFIC DEFICIENCIES		ADMINISTRATOR'S PLAN FOR CORRECTION OF DEFICIENCIES	COMPLETION DATE
	Although R8 had a Hospice and a faci care, the facility lacked evidence of an ble personalized interventions to redu of falling after numerous falls.	y measura-	
	7/21/22 - Findings were reviewed wi and E2 (Consultant Nurse) at the exit c beginning at 2:40 PM.		

Reviewed and Completed by Katherine Harrison, LNHA 10/26/2022

	9
	-
	-
	_
	-
	=